

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.**

1. File Number U - 5810	2. Fiscal Year Covered From: 01/01/2004 Through: 12/31/2004
3. Name and address of person filing. Name Steven M Fye P.O. Box, Bldg., Room No., if any Street 119 Riverview Hgts Dr City Le Claire State IA ZIP Code + 4 52753	4. Name, file number, and address of labor organization. Name BLET Labor Organization File Number 000101 P.O. Box, Building and Room Number, if any Street 1370 Ontario Street City Cleveland State Ohio ZIP Code + 4 44113
5. Position in labor organization. Local Chairman, Division #125	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed _____

On _____

Date

Telephone Number _____

Name of Person Filing Steven M Eye	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name JACK PEAK</p> <p>Trade Name, if any: Hubbell, Peak, O'Neal, Napier & Leach</p> <p>P.O. Box, Bldg., Room No., if any Suite 350</p> <p>Street 30 West Pevshing Rd.</p> <p>City Kansas City</p> <p>State MO ZIP Code + 4 64108</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>										
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p style="font-size: 1.5em; text-align: center;">Designated Legal Counsel</p> <p>11.b. Approximate dollar value of such dealing.</p>										
	<p>12.a. Nature of interest held or income received.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Testify at Trial</td> <td style="text-align: right; padding: 5px;">630.73</td> </tr> <tr> <td style="padding: 5px;">Mileage Driving to St Louis</td> <td></td> </tr> <tr> <td style="padding: 5px;">Lost Wages (2) days</td> <td style="text-align: right; padding: 5px;">200.00</td> </tr> <tr> <td style="padding: 5px;">Hotel (2) days Estimated</td> <td></td> </tr> <tr> <td style="padding: 5px;">Meals (2) days Estimated</td> <td style="text-align: right; padding: 5px;">70.00</td> </tr> </table> <p>12.b. Amount. 900.73</p>	Testify at Trial	630.73	Mileage Driving to St Louis		Lost Wages (2) days	200.00	Hotel (2) days Estimated		Meals (2) days Estimated	70.00
Testify at Trial	630.73										
Mileage Driving to St Louis											
Lost Wages (2) days	200.00										
Hotel (2) days Estimated											
Meals (2) days Estimated	70.00										

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing Steven M Fye	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
8. Name and address of Business (including trade name, if any). Name Rathmann & O'Brien LLC Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1031 Lami Street City St. Louis State MO ZIP Code + 4 63104	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 	11.a. Nature of such dealing. <div style="border: 1px solid black; padding: 10px; font-family: cursive; text-align: center;"> Designated Legal Counsel </div> 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. <div style="border: 1px solid black; padding: 10px;"> Ball game in St Louis with wife Tickets (2) 170.00 Hotel (2) days Est. 200.00 Meals (2) days Est. 85.00 </div> 12.b. Amount. 455.00
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 	14.a. Nature of payment. <div style="border: 1px solid black; height: 100px;"></div> 14.b. Amount of payment.
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	